

December 14, 2016



Re:

Parkland Health & Hospital System

Patient:

CARLOS APPLEBY

Account #:

Account Balance:

\$49,046.64

Dear

The above patient received hospital services at Parkland Health & Hospital System for injuries caused by an accident that is attributed to the negligence of other third parties. Parkland Health & Hospital System claims a hospital lien on this action or claim pursuant to Tex. Prop. Code §55.001 et seq.

The amount listed above may or may not be the total balance due. Please contact our office to request the final lien amount.

If you have any questions regarding the hospital lien or need any further information or documentation, do not hesitate to contact me.

Sincerely,

Rosa Manriquez

Rosa Manriquez Authorized Agent for Parkland Health & Hospital System Alegis Revenue Group, LLC



Print Date:

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Guarantor

Carlos Appleby

Dallas, TX 75235-7708

Guarantor Number:

Patient Name:

Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge: Type of Visit: 09/25/15

09/30/15 Inpatient

ITEMIZED STATEMENT

Charges

Service Date	Rev Code	Procedure	Description	Qty	Amount
09/25/2015	0250			5	24.21
09/25/2015	0250			1	3.50
09/25/2015	0250			8	72.75
09/25/2015	0250			2	3.50
09/25/2015	0250			1	5.87
					F 07
09/25/2015	0250			1	5.87
00/05/00/5	0000			1	5.87
09/25/2015	0250			'	5.67
09/25/2015	0250			1	7.76
					363.00
09/25/2015	0260			'	303.00
09/25/2015	0301			1	112.00
09/25/2015	0301			1	93.00
09/25/2015	0301			1 1	77.00
09/25/2015	0301				89.00
09/25/2015	0301			1	94.00
	0301			1	91.00
09/25/2015				'	87.00
09/25/2015	0301				111.00
09/25/2015	0301				
09/25/2015	0305			1	76.00
09/25/2015	0305			1	103.00



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Guarantor

Carlos Appleby

Guarantor Number:

Patient Name:

Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge:

Type of Visit:

09/25/15

09/30/15 Inpatient

Service Date	Rev Code	Procedure	Description	Qtv	Amount
09/25/2015	0305	Tiogedate	500011 <u>50011</u>	1	94.00
09/25/2015	0305			1	73.00
09/25/2015	0305			1	65.00
09/25/2015	0305			1	26.00
09/25/2015	0320			1	399.00
09/25/2015	0320			1	399.00
09/25/2015	0320			1	435.00
09/25/2015	0320			1	435.00
09/25/2015	0320			1	381.00
09/25/2015	0352			1	2,530.00
09/25/2015	0352			1	2,530.00
09/25/2015	0450			1	2,082.00
09/25/2015	0681			1	2,172.00
0 0/20/2010					
09/25/2015	0762			5	486.35
) 03/20/2015					
09/25/2015	0762			5	160.00
00.20.2010					
09/26/2015	0250			5	24.21
09/26/2015	0250			5	24.21
09/26/2015	0250			5	24.21
09/26/2015	0250			2 2	3.50
09/26/2015	0250				3.50
09/26/2015	0250			1	5.87
09/26/2015	0250			1	3.50
09/26/2015	0250			1	3.50
09/26/2015	0250			1	3.50



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Guarantor

Carlos Appleby

Guarantor Number:

Patient Name: Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge: Type of Visit: 09/25/15 09/30/15

09/30/15 Inpatient

Service Date	Rev Code	Procedure	Description	Qty	Amount
09/26/2015	0250			1	7.76
09/26/2015	0250			1	7.76
09/26/2015	0250			2	3.50
09/26/2015	0250			1	3.50
09/26/2015	0420			1	327.00
09/26/2015	0420			1	0.01
09/26/2015	0420			1	0.01
09/26/2015	0420			1	0.01
09/26/2015	0430			1	147.00
					1
09/26/2015	0430			1	379.00
09/26/2015	0430			1	139.00
09/26/2015	0762			24	768.00
]
09/27/2015	0250			5	24.21
09/27/2015	0250			5	24.21
09/27/2015	0250			5	24.21
09/27/2015	0250			2	3.50
09/27/2015	0250			2	3.50
09/27/2015	0250			1	5.87
					[
09/27/2015	0250			1	3.50
09/27/2015	0250			1	3.50
09/27/2015	0250			1	3.50
09/27/2015	0250			1	7.76
09/27/2015	0250			1	7.76
09/27/2015	0250			2	_ 3.50



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Guarantor

Carlos Appleby

Dallas, TX 75235-7708

Guarantor Number:

Patient Name: Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge: Type of Visit: 09/25/15

09/30/15 Inpatient

	Service Date	Rev Code	Procedure	Description	Qty	Amount
i	09/27/2015	0762			24	768.00
		0,01				
	09/28/2015	0111			1	1,082.00
Į	09/28/2015	0250			5	24.21
	09/28/2015	0250			5	24.21
	09/28/2015	0250			5	24.21
-	09/28/2015	0250			2	3.50
	09/28/2015	0250			2	3.50
	09/28/2015	0250			1	5.34
	09/28/2015	0250			1	5.34

	09/28/2015	0250			1	3.50
	09/28/2015	0250			1	3.50
	09/28/2015	0250			1	7.76
	09/28/2015	0250			1	7.76
	09/28/2015	0250			2	3.50
	09/28/2015	0430			2	294.00
		1				0.400
1	09/28/2015	0510			1	64.00
	09/28/2015	0762			5	160.00
					4	4 000 00
	09/29/2015	0111			1	1,082.00
-	09/29/2015	0250			ı	13.25
	00/00/00/	0000			1	13.73
	09/29/2015	0250			1	34.92
	09/29/2015	0250			1	i
-	09/29/2015	0250				21.42



Dailas County Hospital District
Parkland Health & Hospital System

5201 Harry Hines Blvd Dallas, TX 75235-7708 Print Date:

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Guarantor

Carlos Appleby

Guarantor Number:

Patient Name: Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge:

Type of Visit:

09/25/15

09/25/15 09/30/15 Inpatient

•	Service Date	Rev Code	Procedure	Description	Qty	Amount
Γ	09/29/2015	0250			4	25.32
	09/29/2015	0250			4	44.58
		i				
	09/29/2015	0250			3	8.10
- 1	09/29/2015	0250			5	24.21
- [09/29/2015	0250			5	24.21
	09/29/2015	0250			1	12.13
	09/29/2015	0250			8	72.75
	09/29/2015	0250			5	5.19
***************************************	09/29/2015	0250			1	29.30
Ì	09/29/2015	0250			4	3.50
	09/29/2015	0250			150	164.27
						474.00
١	09/29/2015	0250			2	174.60
Ì		0050			2	3.50
	09/29/2015	0250			1	5.34
-	09/29/2015	0250			'	3.54
ı	00/00/00/15	0050			1	5.34
	09/29/2015	0250			'	3.54
	09/29/2015	0250			1	7.76
	09/29/2015	0258			2	16.00
	09/29/2015	0250			1	363.00
ļ	09/29/2015	0260			1	145.00
-	0312312013	0200			\	1
	09/29/2015	0271			1	8.00
	09/29/2015	0271			1_	36.00



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Guarantor

Carlos Annlehy

Guarantor Number:

Patient Name:

Appleby, Carlos

Hospital Account:

MRN:

Date of Admission:
Date of Discharge:
Type of Visit:

09/25/15 09/30/15

Inpatient

Camina Data	Rev Code	Procedure	Description	Qty	Amount
Service Date 09/29/2015	0271	Procedure	Describuon	1	95.00
09/29/2015	0271			12	288.00
09/29/2015	0272			1	8.00
09/29/2015	0272			1	8.00
09/29/2015	0272			1	40.04
09/29/2015	0272			1	8.00
09/29/2015	0272			4	613.80
09/29/2015	0272			1	67.00
09/29/2015	0272			1	57.00
09/29/2015	0272			1	328.00
09/29/2015	0278			4	119.90
09/29/2015	0278			1	29.98
09/29/2015	0320			1	637.00
09/29/2015	0360			163	8,802.00
09/29/2015	0360			1	2,519.00
09/29/2015	0370			1	2,132.00
09/29/2015	0710			89	1,157.00



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Guarantor

Carlos Appleby

Guarantor Number:

Patient Name: Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge: 09/25/15 09/30/15

Type of Visit: Inpatient

			Dintian	Qtv	Amount
Service Date	Rev Code	Procedure	Description	170	654.58
09/29/2015	0964			170	034.30
	0050			4	44.58
09/30/2015	0250			1	44.50
20/00/00/4	0050			1	44,58
09/30/2015	0250			1	1 -4.00
00/00/0045	0000			5	24.21
09/30/2015	0250			2	3.50
09/30/2015	0250			1	5.34
09/30/2015	0250			.	3.34
	0000			1	5.34
09/30/2015	0250			'	3.34
00/00/0045	0050			1	5.34
09/30/2015	0250				0.54
00/00/0045	0250			1	3.50
09/30/2015	0250			1	7.76
09/30/2015				2	3.50
09/30/2015	0250			1	112.00
09/30/2015	0301				93.00
09/30/2015	0301			1	77.00
09/30/2015	0301				89.00
09/30/2015	0301			1	1
09/30/2015	0301			1	94.00 91.00
09/30/2015	0301			•	
09/30/2015	0301			1	87.00
09/30/2015	0301			1	111.00
09/30/2015	0301			1	46.00
09/30/2015	0305			1	76.00
09/30/2015	0305			1	103.00



Parkland Health & Hospital System

5201 Harry Hines Blvd Dallas, TX 75235-7708

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Guarantor

Carios Appleby

Guarantor Number:

Patient Name:

Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge: Type of Visit: 09/25/15

09/30/15 Inpatient

1	Service Date	Rev Code	Procedure	Description	Qty	Amount
	09/30/2015	0305			1	94.00
	09/30/2015	0305			1	73.00
1	09/30/2015	0305			1	65.00
١	09/30/2015	0305			1	26.00
	09/30/2015	0420			2	254.00
ĺ		1 11			Allynamics	1
٠						

<u> </u>	_	 _	 		
Description					Amount
Charges					39,716.95
Payments					0.00
Adjustments		 _	 _		0.00
Balance				_	39,716.95



Parkland Health & Hospital System

5201 Harry Hines Blvd Dallas, TX 75235-7708 Print Date:

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Guarantor

Carlos Appleby

Guarantor Number:

Patient Name:

Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge: Type of Visit: 10/07/15

10/07/15 Outpatient

ITEMIZED STATEMENT

Charges

	Service Date	Rev Code	Procedure	Description	Arten Artunia	Qty	Amount
	10/07/2015	0274				1	394.00
	10/07/2015	0510				1	259.00
_							

Description	Amount
Charges	653.00
Payments	0.00
Adjustments	0.00
Balance	653.00



Parkland Health & Hospital System

5201 Harry Hines Blvd Dallas, TX 75235-7708 Print Date:

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Guarantor

Carlos Appleby

Guarantor Number:

Patient Name:

Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge:

Type of Visit:

11/04/15

11/04/15

Outpatient

ITEMIZED STATEMENT

Charges

Service Date	Rev Code	Procedure	Description	Qty	Amount
11/04/2015	0320			1	465.00
11/04/2015	0510			1	259.00
_	<u> </u>				

Payments and Adjustments

Description			Amount
Insurance Payments and Adjustments	 	-	-115.26

Description	Amount
Charges	724.00
Payments	-115.26
Adjustments	0.00
Balance	608.74



Parkland Health & Hospital System

5201 Harry Hines Blvd Dallas, TX 75235-7708 Print Date:

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Guarantor

Carlos Appleby

Guarantor Number:

Patient Name:

Appleby, Carlos

Hospital Account:

MRN:

Date of Admission:

Date of Discharge:

Type of Visit:

11/25/15

11/25/15

Outpatient

ITEMIZED STATEMENT

Charges

\$25500000000000000000000000000000000000	STATE THE PROPERTY OF THE PROPERTY OF THE			grafing die gegendlichte geweiter der der Stadte die Franze einstehen.	or page 118 Significance And page 118
Service Date	Rev Code	Drocodura	Description	Qty	Amount
11/25/2015	0320			1	465.00
_					•

Payments and Adjustments

Description		Amount
Insurance Payments and Adjustments	 	-115.26

~ a	
Description	Amount
Charges	465.00
Payments	-115.26
Adjustments	0.00
Balance	349.74



Dallas County Hospital District
Parkland Health & Hospital System

5201 Harry Hines Blvd Dallas, TX 75235-7708

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Guarantor

Carlos Appleby

Guarantor Number:

Patient Name:

Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge:

Type of Visit:

44105145

11/25/15 11/25/15

Outpatient

ITEMIZED STATEMENT

Charges

	Service Date	Rev Code	Procedure Description	Qty	Amount
	11/25/2015	0272		1	11.00
	11/25/2015	0510		1	259.00
***************************************	11/25/2015	0519		11	5,124.00

Description	Amount
Charges	5,394.00
Payments	0.00
Adjustments	0.00
Balance	5,394.00



Dallas, TX 75235-7708

Print Date:

07/13/16 **Page 1**

Guarantor

Guarantor Number:

Patient Name:

Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge: Type of Visit: 01/20/16

01/20/16 01/20/16 Outpatient

ITEMIZED STATEMENT

Charges

Service Date	Rev Code	Drooduro	Pocorintion	Friederska	Qty	Amount
01/20/2016	0320				1	465.00
01/20/2016	0510				1	259.00
	1					

Description	Amount
Charges	724.00
Payments	0.00
Adjustments	0.00
Balance	724.00



Parkland Health & Hospital System

5201 Harry Hines Blvd Dallas, TX 75235-7708 **Print Date:**

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Guarantor

Carlos Appleby

Guarantor Number:

Patient Name:

Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge:

Type of Visit:

04/20/16

04/20/16 Outpatient

ITEMIZED STATEMENT

Charges

Service Date	Rev Code	Procedure	Description	Qty	Amount
04/20/2016	0320			1	465.00
04/20/2016	0510			1	259.00
]				1
04/20/2016	0983			1	171.00
	<u> </u>			<u> </u>]

Payments and Adjustments

Description	Amount
Insurance Payments and Adjustments	-69.79

Summary	
Description	Amount
Charges	895.00
Payments	-69.79
Adjustments	0.00
Balance	825.21



Parkland Health & Hospital System

5201 Harry Hines Blvd Dallas, TX 75235-7708 Print Date:

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Guarantor

Carlos Appleby

Guarantor Number:

Patient Name:

Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge:

Type of Visit:

10/19/16

10/19/16 10/19/16 Outpatient

0.00

498.00

ITEMIZED STATEMENT

Charges

Adjustments

Balance

Service Date	Rev Code	Procedure	Description	Qty Qty	Amount
10/19/2016	0320				498.00
Summary					
Description					mount
Description				P.	mount
Charges	_		_		498.00



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Guarantor

Guarantor Number:

Patient Name: Appleby, Carlos

Hospital Account:

MRN:

Date of Admission: Date of Discharge:

Type of Visit:

10/19/16 10/19/16

Outpatient

ITEMIZED STATEMENT

Charges

Service Date	Rev Code	Procedure	Description	Applied to	Qty	Amount
10/19/2016	0510				1	277.00
	i i				1	

Description	Amount
Charges	277.00
Payments	0.00
Adjustments	0.00
Balance	 277.00